MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/7?8?29	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1					52							
3		2		1			53							
4		3		1			54							
5		4		1			55							
6		5					56							
7		6					57							
8		7		1			58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
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29							79							
30							80							
31							81							
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37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	1	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	7	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS			8				TOTAL CLAIMS							

PTO - 1360 (REV. 11/04)